

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 2-19-01.
 - b. The request was received on 1-28-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 5-8-02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.
3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 1-15-02:

"My position on this dispute is there is no reasonable explanation why this claim should not be paid in full. The 99244 is clearly documented and 99080-TWCC 73 is always required upon an initial visit, regardless of the work status...The provided documentation supports treatment to the compensable injury and the medical necessity. Injured employees are entitled to the reasonable and necessary medical benefits for the duration of the injury..."
2. Respondent: No response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 2-19-01.

2. The Carrier has denied the disputed charges as reflected on the EOB as, “N,241 – NOT DOCUMENTED”; “G,226 – INCLUDED IN GLOBAL CHARGE”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
2-19-01	99080-73	\$15.00	\$-0-	G	\$15.00	TWCC Rule 129.5; CPT Descriptor	The carrier has denied the charge in dispute as “G” CPT Code 99080-73 is not global to any other CPT Code billed on the date of service in dispute. Therefore, reimbursement is recommended in the amount of \$15.00 .
2-19-01	99244	\$336.00	\$-0-	N	\$148.00		The Carrier has denied the charge in dispute as “N”. Documentation does not support the service billed. CPT Code 99244 is defined as “Office consultation for a new or established patient, which requires these three key components; a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.” There is no documentation noted in the dispute packet to the support CPT Code 99244. Therefore no reimbursement is recommended.
Totals		\$351.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$15.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$15.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 9th day of September 2002.

Lesia Lenart, RN
Medical Dispute Resolution Officer
Medical Review Division

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